



The

PRACTITIONERS SCHOOL OF REFLEXOLOGY

14 Ellerker Gardens, Richmond TW10 6AA. Tel: 020 8948 2380 Fax: 020 8255 0963

Principal: Andrew Simon James DIHOM, MAR, MIFA Reg, ITEC.

Registration form –Sept 2009

SURNAME _____ (Mr,Ms,Mrs)

FIRST NAME(S) _____

DATE OF BIRTH ____/____/____ E-mail _____

ADDRESS _____

POSTCODE _____

TEL. NO _____ (DAY) _____ (EVE)

RELEVANT QUALIFICATIONS AND/OR EXPERIENCE (Including previous courses attended -
NOTE: if you have attended a foundation or introduction course in reflexology please state the tutor
and/or the college where attended):

**I wish to apply for a place on the "Practitioners Reflexology Course" COMMENCING 26th
SEPTEMBER 2009 – I have enclosed the £30 registration fee payable to ANDREW JAMES which
I understand is not refundable. I have read and understand the enrolment procedures contained in
the prospectus.**

**I agree that the above information can be held for the purposes of course enrolment and participation.
I agree that the above information will be used only in connection with the course and related activities**

SIGNED _____ DATE _____

RETURN TO: Practitioners School of Reflexology, 14 Ellerker Gardens, Richmond TW10 6AA.

Accredited with meeting the standards approved by the Association of Reflexologists